



# Moving Expense Reimbursement Pre-Approval Request

**New Employee Information:**

Employee Type

Employee Name

Department

Employment Begin Date

Job Title

**Moving Expense Reimbursement FOP(s) and Amount(s):**

Amount(s)

Fund	Org	703101	Program
Fund	Org	703101	Program
Fund	Org	703101	Program
Fund	Org	703101	Program

NOTE: The reimbursement will be limited to the total amount, which may not exceed the lesser of 10% of the employee's salary or the amounts outlined below:

- \$8,000 for a relocation of 350 miles or less
- \$12,000 for a relocation of 350-1,500 miles
- \$15,000 for a relocation distance greater than 1,500 miles

**Total Amount**

Employee current residence (City, State)

Miles to assigned work site

Proposed employee salary

*Initials* I have read Sam Houston State University policy FO-29 Moving Expenses, and I attest that the requested moving/relocation expense reimbursement will follow all policy guidelines. The moving/relocation expense reimbursement will not be paid with state-appropriated funding and will not exceed the limits detailed in the policy. Link to policy: [FO-29](#)

**Approved:**

*Department Chair/Requestor*

*Date*

*Dean/Director*

*Date*

*Provost and Senior Vice  
 President for Academic Affairs*

*Date*

**\*Per policy FO-29, this form must be submitted and approved in advance of the offer\***